<p align="center" style="color:red">PILOT PROJECT</p>

<p align="center" style="color:red">(DATA COLLECTION SUMMARY)</p>

The following information is to be completed by the Birth to 3 Program:

1. Total number of newly referred children to the Birth to 3 Program: 272

2. Total number of children screened for nutritional risk: 206

3. Number of children identified at nutritional risk: 25

4. Of the children identified at nutritional risk, how many had a discussion of how to meet that need in the child's IFSP meeting: 13

5. Number of children with an IFSP which includes Nutrition Outcomes: 8

6. Number of children referred to the Primary Care Provider for R.D. services, R.D. was not available, so child was referred back to the Birth to 3 Program R.D.: 1

7. Of the children identified at nutritional risk, indicate the number with the following medical conditions in Section 1 of the screening tool:

___ Autism/PDD	_1_ Down syndrome	___ Organ transplant
_1_ Bronchopulmonary dysplasia (BPD)	_1_ Failure to thrive	___ Prader-Willi Syndrome
___ Cancer	_1_ Fetal alcohol syndrome/	_2_ Seizure disorder
_1_ Cerebral palsy (CP)	drug exposure	___ Spina bifida
_1_ Chromosomal/congenital disorder	___ HIV/AIDS	_2_ Technology dependent (trach, vent, etc.)
___ Cleft lip and/or palate (unrepaired)	_1_ Lead exposure	_1_ Very low birthweight (1500g or less)
_5_ Congenital heart defect	___ Metabolic disorder	_3_ > 6 weeks premature
___ Cystic fibrosis	(i.e. PKU, galactosemia, diabetes, etc.)	

_7_ Other: glaucoma & hypothyroidism; RSV & 5 weeks premature; eociniglic gastroenteritis with reflux; velo cardio facial syndrome; blind

8. Of the children identified at nutritional risk, indicate the number with the following growth, health and feeding concerns in Section 2 of the screening tool:

_7_ Small for age   _7_ Lack of weight gain   ___ Excess weight gain   ___ Weight loss   ___ Other:_____

_2_ Constipation   _2_ Poor appetite   _3_ Diarrhea   _7_ Vomits/reflux   _9_ Use of a special formula or diet
_1_ Tube feeding   _1_ Other Does not regulate feeding (eats garbage and drinks toilet water.)

_4_ Usually takes longer than 30 minutes to feed	_2_ Formula-fed infant drinks less than 16 ounces in 24 hours (3-12 months)
_6_ Difficult to feed	___ Breast-fed infant nurses less than 6 times in 24 hours (birth–9 months)
_8_ Gags or chokes often	_3_ Refuses solid foods/certain textures (over 12 months)
_9_ Eats non-food items	_1_ Does not self-feed (over 15 months)
_5_ Has difficulty sucking, swallowing,	_3_ Needs bottle for most liquids (over 18 months)
or chewing	___ Lack of food or infant formula in the household to meet child's needs

_5_ Feedings are stressful or upsetting to my child or me.
___ Current unresolved food allergies/intolerances:_____
_2_ Other feeding/eating concerns I have for my child: overeats & hoards food; main intake is from bottle rather than solids
_____

9. From what source did child receive RD services?
_3_ Child already was receiving RD services
_5_ Primary Care Provider arranged for provision of RD services
_5_ Birth to 3 Program arranged for provision of RD services

*Child did not receive RD services:
_1_ Referral not made at this time (parents wanted to wait)
_1_ Family moving, refused referrals
_3_ Nutrition problem followed by child's Pediatrician
_7_ Parent not interested in RD referral